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June 29, 2015

VIA HAND DELIVERY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2015
WC Docket No. 14-58**

Dear Secretary Dortch:

On behalf of Bristol Bay Telephone Cooperative (“BBTC”), SAC 613003 in Alaska, enclosed is a confidential version of BBTC’s FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The enclosed confidential version of the Form 481 Report has been marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

An additional copy of this filing has been provided, which you are requested to date-stamp and return in the envelope provided.

BBTC is also submitting, via an electronic filing, a redacted public copy of the Form 481 Report. The redacted public copy has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

BBTC respectfully requests confidential treatment of certain information provided in its Form 481 Report because this information is competitively sensitive and its disclosure would have a negative competitive impact on BBTC were it made publicly available. Such information would not ordinarily be made available to the public, and should be afforded confidential treatment under 47 C.F.R. §§ 0.457 and 0.459.

47.C.F.R. § 0.457

Specific information in the Form 481 Report is confidential and proprietary to BBTC as “trade secrets and commercial or financial information” under 47 C.F.R. § 0.457(d). Disclosure of such information to the public would risk revealing company-sensitive proprietary information in connection with BBTC’s ongoing business and operations.

Marlene H. Dortch, Secretary
Federal Communications Commission
June 30, 2014
Page 2

47 C.F.R. § 0.459

Specific information in the Form 481 Report is also subject to protection under 47 C.F.R. § 0.459, as demonstrated below.

Information for which confidential treatment is sought

BBTC requests that its five year plan (Line 112), its progress report on deployment to anchor institutions (Line 3012), and the financial information (Line 3017) filed with the Rural Utilities Service (“RUS”) – and filed with Form 481 -- be treated on a confidential basis under Exemption 4 of the Freedom of Information Act. The descriptive document relating to the financial information is marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

Information relating to non-public planning, customers, and financial information is competitively sensitive information that BBTC maintains as confidential and is not normally made available to the public. Release of the information would have a substantial negative impact on BBTC since it would provide competitors with commercially sensitive information.

Commission proceedings in which the information was submitted

The information is being submitted in BBTC’s Form 481 Report, WC Docket No. 14-58.

Degree to which the information in question is commercial or financial, or contains a trade secret or is privileged

The information in question is competitively sensitive information which is not normally released to the public as such release would have a substantial negative competitive impact on BBTC.

Degree to which the information concerns a service that is subject to competition and manner in which disclosure of the information could result in substantial harm

The release of this confidential and proprietary information would cause BBTC competitive harm by allowing its competitors to become aware of sensitive proprietary information regarding the operation of BBTC’s business at a level of detail not currently available to the public.

Marlene H. Dortch, Secretary
Federal Communications Commission
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Measures taken by BBTC to prevent unauthorized disclosure and availability of the information to the public and extent of any previous disclosures of the information to third parties

BBTC has treated and continues to treat the non-public information disclosed in this Form 481 Report as confidential and has protected it from public disclosure to parties outside of the company.

Justification of the period during which BBTC asserts that the material should not be available for public disclosure

BBTC cannot determine at this time any date on which this information should not be considered confidential.

Other information BBTC believes may be useful in assessing whether its request for confidentiality should be granted

Under applicable Commission decisions, the information in question should be withheld from public disclosure.

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David L. Nace
Robert S. Koppel

Counsel to:
Bristol Bay Telephone Cooperative

Enclosure

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Todd Hoppe
<035> Contact Telephone Number: Number of the person identified in data line <030>	9072463403 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	manager@bristolbay.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 613003ak510 (2015-2) .pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 613003ak610 (2015) .pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 613003ak1010 (2015) .pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="radio"/> Yes
<114>	Report how much universal service (USF) support was received	<input type="radio"/> Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	<input type="radio"/> Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	<input type="radio"/> Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	<input type="radio"/> Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="radio"/> Not Applicable

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contract Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

1/1/2015	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

<703>

[illegible]

(710) Broadband Price Offerings Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
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<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	AK	Igiugig (533)	30.0	0.0	30.0	0.512	0.128	5.0	Blocking Traffic
	AK	Igiugig (533)	65.0	0.0	65.0	2.0	0.256	10.0	Overage Charge
	AK	Igiugig (533)	75.0	0.0	75.0	3.0	0.512	15.0	Overage Charge
	AK	Igiugig (533)	110.0	0.0	110.0	4.0	1.0	25.0	Overage Charge
	AK	Igiugig (533)	150.0	0.0	150.0	6.0	2.0	40.0	Overage Charge
	AK	Igiugig (533)	215.0	0.0	215.0	6.0	2.0	60.0	Overage Charge
	AK	Igiugig (533)	300.0	0.0	300.0	6.0	2.0	100.0	Overage Charge
	AK	Koliganek (596)	30.0	0.0	30.0	0.512	0.128	5.0	Blocking Traffic
	AK	Koliganek (596)	65.0	0.0	65.0	2.0	0.256	10.0	Overage Charge
	AK	Koliganek (596)	75.0	0.0	75.0	3.0	0.512	15.0	Overage Charge
	AK	Koliganek (596)	110.0	0.0	110.0	4.0	1.0	25.0	Overage Charge
	AK	Koliganek (596)	150.0	0.0	150.0	6.0	2.0	40.0	Overage Charge
	AK	Koliganek (596)	215.0	0.0	215.0	6.0	2.0	60.0	Overage Charge
	AK	Koliganek (596)	300.0	0.0	300.0	6.0	2.0	100.0	Overage Charge
	AK	New Stuyahok (693)	30.0	0.0	30.0	0.512	0.128	5.0	Blocking Traffic
	AK	New Stuyahok (693)	65.0	0.0	65.0	2.0	0.256	10.0	Overage Charge
	AK	New Stuyahok (693)	75.0	0.0	75.0	3.0	0.512	15.0	Overage Charge
	AK	New Stuyahok (693)	110.0	0.0	110.0	4.0	1.0	25.0	Overage Charge
	AK	New Stuyahok (693)	150.0	0.0	150.0	6.0	2.0	40.0	Overage Charge
	AK	New Stuyahok (693)	215.0	0.0	215.0	6.0	2.0	60.0	Overage Charge
	AK	New Stuyahok (693)	300.0	0.0	300.0	6.0	2.0	100.0	Overage Charge

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<910>	Tribal Land(s) on which ETC Serves	<div>Ekwok ANVSA Igiugig ANVSA Iliamna ANVSA King Salmon ANVSA Levelock ANVSA Naknek ANVSA New Koligankek ANVSA New Stuyahok ANVSA Newhalen ANVSA Nondalton ANVSA Portage Creek ANVSA South Naknek ANVSA Togiak ANVSA</div> <div>613003ak920 (2015-2) .pdf</div>
<920>	Tribal Government Engagement Obligation	<div></div> <div>Name of Attached Document</div>

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(1100) No Terrestrial Backhaul Reporting		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	613 003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>613003ak1210 (2015).pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information	

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

3rd year Broadband Service Certification
5th year Broadband Service Certification
Interim Progress Certification

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

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<2021> Interim Progress Community Anchor Institutions

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Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation	
Data Collection Form	
FCC Form 481	
OMB Control No. 3060-0986/OMB Control No. 3060-0819	
July 2013	

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(ii))	<div>613003ak3010 (2015) .pdf</div>	Name of Attached Document Listing Required Information
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(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input checked="" type="checkbox"/>
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(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	<div>613003ak3012 (2015) .pdf</div>	Name of Attached Document Listing Required Information
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(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input checked="" type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report	<input checked="" type="checkbox"/>

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>

(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div>613003ak3017 (RUS Report for CY 2014) .pdf</div>	Name of Attached Document Listing Required Information
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(3018)	If the response is no on line 3014, Is your company audited?	<input checked="" type="checkbox"/>
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If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
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(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
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(3021)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	<input type="checkbox"/>
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If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
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(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
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(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
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(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
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(3026)	Attach the worksheet listing required information	<div></div>	Name of Attached Document Listing Required Information
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(3000) Rate Of Return Carrier Additional Documentation (Continued)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
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<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com



- Financial Data Summary
- (3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
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<030> Contact Name - Person USAC should contact regarding this data	Todd Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Todd Hoppe</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Todd Hoppe
Name of Reporting Carrier:	BRISTOL BAY TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/25/2015
Printed name of Authorized Officer:	Todd Hoppe
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	9072463403 ext.
Study Area Code of Reporting Carrier:	613003 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	BRISTOL BAY TEL COOP
Name of Authorized Agent or Employee of Agent:	Robert S. Koppel
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/25/2015
Printed name of Authorized Agent or Employee of Agent:	Robert S. Koppel
Title or position of Authorized Agent or Employee of Agent:	Counsel
Telephone number of Authorized Agent or Employee of Agent:	7035848669 ext.
Study Area Code of Reporting Carrier:	613003 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Bristol Bay Telephone Cooperative (BBTC)
Line 112 -- Five Year Plan

REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative

Line 510 – Compliance with Service Quality Standards and Consumer Protection

Bristol Bay Telephone Cooperative (“BBTC”) hereby certifies that it complies with applicable service quality and consumer protection practices in connection with its provision of wireless voice services. Among other things, BBTC:

- Discloses rates and terms of its voice services to customers.
- Provides contract terms to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Complies with the service standards promulgated by the State of Alaska.

Bristol Bay Telephone Cooperative

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”¹ Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”² in connection with their provision of voice and broadband services.

Bristol Bay Telephone Cooperative (“BBTC”) hereby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice services.³

For its central office, BBTC has eight hours of battery back-up as well as a diesel generator providing 45 hours of back-up if needed. In addition, BBTC has eight or more hours of battery back-up at all switching and/ or host sites, and the ability to deploy portable generators if necessary.

BBTC has multiple trunk groups to different carriers, enabling it to re-route voice traffic around damaged facilities. In addition, BBTC actively monitors traffic reports to determine if re-routing is required. BBTC is also able to prioritize 911 and other emergency calls.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

³ Certifications and demonstrations regarding broadband services are not required in carrier’s reports for calendar year 2012.

These facilities and capabilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) BBTC will be able to reroute voice traffic around damaged facilities; and (3) BBTC will be capable locally of managing spikes in voice traffic resulting from emergency situations.

Bristol Bay Telephone Cooperative
Bristol Bay Cellular Partnership

Lines 910 – 929: Tribal Lands Reporting

Bristol Bay Telephone Cooperative and Bristol Bay Cellular Partnership (together, “Bristol Bay”) provide telecommunications service to portions of several Alaska Native Village Statistical Areas (“ANVSA”). In compliance with 47 C.F.R. § 53.313(a)(9) of the Commission's Rules (the “Tribal Engagement Rules”), Bristol Bay sent letters on April 17, 2014 and again on October 8, 2014 to representatives of the following ANVSAs:

Ekwok ANVSA
Igiugig ANVSA
Iliamna ANVSA
King Salmon ANVSA
Levelock ANVSA
Naknek ANVSA
New Koligankek ANVSA
New Stuyahok ANVSA
Newhalen ANVSA
Nondalton ANVSA
Portage Creek ANVSA
South Naknek ANVSA
Togiak ANVSA
Aleknagik ANVSA
Clarks Point ANVSA
Curyung Tribal Council (formerly Native Village of Dillingham)
Ekuk ANVSA
Manoktak ANVSA

In its letters, Bristol Bay stated that it would like to discuss the following topics: (1) a needs assessment and deployment planning with a focus on community anchor institutions; (2) feasibility and sustainability of network investments; (3) marketing services in an appropriate and effective manner; (4) rights of way processes, land use permitting, facilities siting, environmental and cultural review processes; and (5) compliance with local business and licensing requirements.

Bristol Bay did not receive any responses to its letters.

Pursuant to the *Tribal Engagement Further Guidance Public Notice*,¹ Bristol Bay hereby certifies that, during calendar year 2014, the Company (1) engaged in attempts to schedule meetings with representatives of the ANVSAs and (2) has retained documentation of each such attempt to schedule meetings.

¹ *Office of Native Affairs and Policy, Wireless Telecommunications Bureau, and Wireline Competition Bureau Issue Further Guidance on Tribal Government Engagement Obligation Provisions of the Connect America Fund*, Public Notice, 27 FCC Rcd 8176, 8180 (paras. 14-15) (ONAP 2012) (“*Tribal Engagement Further Guidance Public Notice*”).

Bristol Bay Telephone Cooperative, Inc.
SAC-613003
Form 481

Line 1010 – Descriptive Document for Voice Services Rate Comparability

The Commission’s rules require a recipient of high-cost support to certify that “the pricing of the company’s voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau” 47 C.F.R. § 54.313(a)(1). The Wireline Competition Bureau (“WCB”) released a Public Notice on April 16, 2015, specifying the national average urban rate for voice service and indicating that “each ETC, including competitive ETCs, must certify that the pricing of the voice services is no more than \$47.48.” Public Notice, DA 15-470 (rel. April 16, 2015).

Bristol Bay Telephone Cooperative, Inc. (BBTC) currently offers a regional voice service plan providing unlimited minutes per month for a monthly charge (inclusive of state SLC and state USF charges) of \$25.55. Accordingly, BBTC’s rate plan is well below \$47.48.

LINE 1210
TERMS AND CONDITIONS OF
LIFELINE PLANS

Bringing you more from
your Cooperative



Bristol Bay Telephone Cooperative

Lifeline / Link Up Services Program

You could be getting local telephone service for as little as **\$1.00 a month** if you qualify!

The Lifeline/Link Up Program is funded through the Alaska Universal Service Fund to provide [financial help](#) to qualifying low-income telephone customers.

For anyone who qualifies, **Lifeline** pays for basic monthly telephone service on *one residential line* as long as the customer pays \$1.00 a month*.

For a qualifying **new** customer, the **Link Up** program pays 50% of the initial telephone connection fee to the customer's principal residence.


Lifeline is a federal government assistance benefit that provides a monthly discount on home or mobile telephone services. Only **ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your household is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household expenses include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. Income includes salary, public assistance benefits, social security payments,

pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

To qualify for Lifeline and/or Link Up services you must be receiving assistance from one or more of the following programs:

- Medicaid Program
 - Food Stamps Program
 - Supplemental Security Income (SSI) Program
 - Federal Public Housing Assistance Program
 - [Low Income Home](#) Energy Assistance Program
 - Bureau of Indian Affairs General Assistance Program
 - Temporary Assistance to Needy Families
 - Head Start Programs
(only if you meet its income-qualifying standards)
 - National School Lunch Program's *Free Lunch Program*
 - Alaska Temporary Assistance program
 - Alaska Adult Public Assistance Program
 - Another state or federal "means test" social services assistance program
-  Download a sign-up form, and fax or mail it to us.
-
- [Lifeline](#) form

If you are not enrolled in any of the above programs, but your annual combined household income is at or below 135% of the Federal Poverty Guidelines, you may also qualify for Lifeline and/or Link Up. You must provide income documentation. See details on the application form.

Call Bristol Bay Telephone Cooperative's Customer Service Department
today at
246-3403 or 800-478-9100 to see if you qualify for Lifeline/Link Up services!

* Custom Calling Features are not covered under the Program, but may be purchased separately and billed on customer's regular bill. A \$30.00 deposit will be required for customers not requesting free Full-Toll Restriction.

Cellular | Cable TV | Internet | Telephone | Home

© BBTC, Inc.
[Contact Bristol Bay](#)
[Telephone](#)

PO Box 259 • 1 Main St.
King Salmon, Alaska 99613
907-246-3403 - Fax:
907-246-1115
In Alaska 800-478-9100
Outside Alaska 800-478-6399

Contact the [webmaster](#)

BRISTOL BAY TELEPHONE COOPERATIVE

Lifeline and Link-Up Assistance Program



P.O. Box 259, King Salmon, AK 99613
907-246-3403 / 800-478-9100 / Fax: 907-246-1115

Application and Certification

Annual Certification Is Required

Telephone Number: _____

Applicant Information

First Name	Last	M.I.
------------	------	------

Physical Address	Check here if this is your permanent address: _____
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Mailing Address

Birthdate	Last 4 Digits of Social Security #
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Lifeline is a federal government assistance benefit that provides a monthly discount on home *or* mobile telephone services. Only **ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your **household** is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household **expenses** include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

Eligibility Requirements – Assistance Program Participation or Household Income Level (Check A *or* B)

A. _____ I currently participate in or receive benefits from one or more of the following programs:
(For each program checked, you will need to provide proof of participation)

Assistance Program Participation

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid (not Medicare) | <input type="checkbox"/> Low Income Home Energy Assistance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Alaska Temporary Assistance Program |
| <input type="checkbox"/> Denali Kid Care | <input type="checkbox"/> Child Care Assistance Program |
| <input type="checkbox"/> Alaska Adult Public Assistance Program | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Veterans Administration (VA) Disability Pension | <input type="checkbox"/> Woman, Infants, and Children's Program (WIC) |
| <input type="checkbox"/> State of Alaska Heating Assistance Program | <input type="checkbox"/> Federal Public Housing Assistance (Section 8) |
| <input type="checkbox"/> National School Lunch Program (income based) | <input type="checkbox"/> Alaska State Housing Corporation Programs |

- B. ____ There are ____ members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (Note: You must provide documentation verifying your household income. When providing documents pertaining to monthly benefits or wages, customer must provide 3 consecutive months of proof.)

Income Eligibility Thresholds

Size of Household	Lifeline Eligibility Level For 2013 for Alaska	Documentation of "household" income must be provided in one of The following form:
1	\$19,373	* A previous year's state of federal tax return
2	\$26,163	* A current income statement from an employer or 3 months of paycheck stubs
3	\$32,954	* A statement of benefits from the U.S. Social Security Admin.
4	\$39,744	* A statement of benefits from the U.S. Dept. of Veterans Affairs
5	\$46,535	* A retirement of pension statement of benefits
6	\$53,325	* An unemployment or worker's compensation statement of benefits
7	\$60,116	* A federal or tribal notice of letter of participation in general assistance
8	\$66,906	* A divorce decree or child support document
For each additional person, add	\$6,791	* Any other official documentation to substantiate income

Subscriber Responsibilities & Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principle residence.
Initial here: _____
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent and BBTC terms and conditions.
- 5) I agree to notify BBTC within (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application internally pursuant to the administration of this program.
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law.
- 8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline.
Initial here: _____
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.
- 10) The information contained in this certification is true and correct to the best of my knowledge.

Printed Name of Applicant

Date of Application

Signature of Applicant

Relationship to Applicant

Bristol Bay Telephone Cooperative (BBTC)
Line 3010
Milestone Certification

BBTC certifies that it provides broadband service at actual speeds of better than 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including VoIP, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Bristol Bay Telephone Cooperative, Inc.
SAC-613003
Form 481
Line 3012 – Community Anchor Insitutions

REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative, Inc.
SAC-613003
Form 481
Line 3017 – RUS Annual Report

REDACTED - FOR PUBLIC INSPECTION